



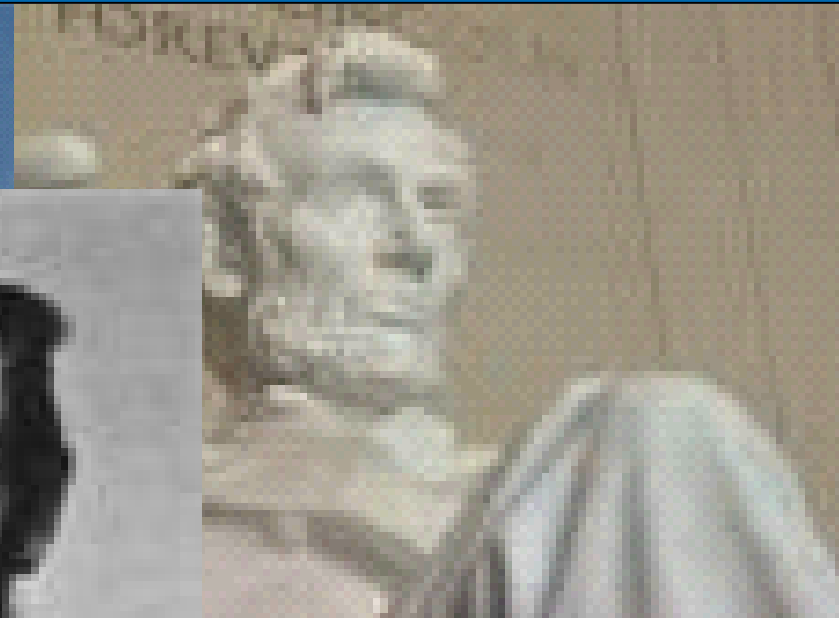
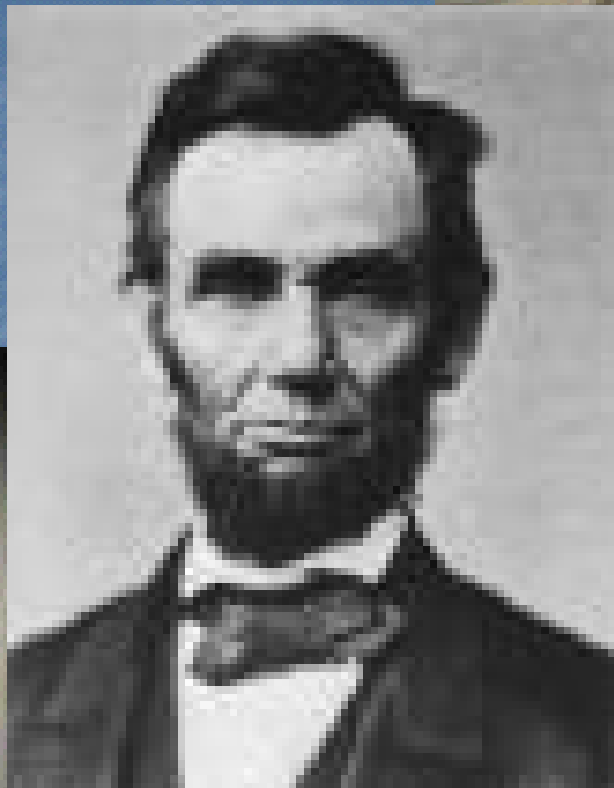
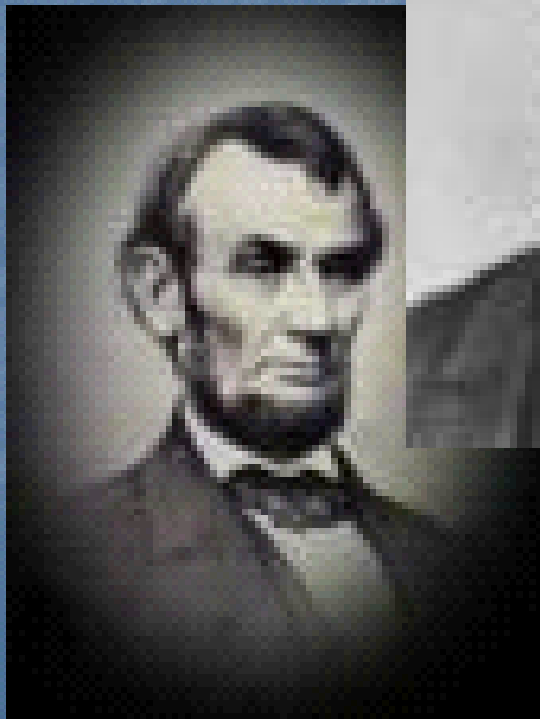
# VA Primary Care & Community Based Initiatives for Mental Health

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Veterans Health Administration

# Topics

- Introduction - Overview of VA Health Care
- VA “Primary Strategy”, Collaboration between Primary Care and Mental Health Services
  - Clinical Reminders
  - Concepts of Collaborative Care
- Collaborative / Integrative Models

# Abraham Lincoln



*"...to care for him who shall  
have borne the battle, and  
for his widow and his orphan ..."  
March 4, 1865*

# VHA = Health Care



# VA Medical Care

The largest integrated healthcare system in US:

- 154 hospitals
- 136 nursing homes
- 206 veterans counseling centers
- 875 clinics (50 million outpatient visits)
- 186,600 employees in health care system

# VA: Some Patient Characteristics

- **Older** - 49% over age 65
- **Sicker** - Compared age matched population
- **Poorer**
  - 70% with annual incomes < \$26,000
  - 31% have no other health insurance
- **Changing Demographics** – 7% female overall now and will be 10% by 2010


# VA's Transitions to Address Their Health Care Needs

- From paper to electronic health care records
- From tertiary to primary care

# Mental Health Clinical Reminders

- Nationally recognized screening tool with computer prompting
  - Mental Health screening module includes reminders about:
    - Depression
    - Alcohol and Substance Abuse
    - PTSD
  - Re-occurrence of re-screening established according to National guidelines




**Reminder Resolution: Depression Screening**

DEPRESSION SCREEN (2 question screen)

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?
2. During the past month, have you often been bothered by little interest or pleasure in doing things?

A "YES" response to either question is a POSITIVE screen for depression. Further evaluation is then needed.

☒ Depression Screen Negative
 ☐ Depression Screen Positive
 ☐ Refused Depression Screening

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☐ Unable to Screen Due to Acute Medical Illness  
☐ Unable to Screen Due to Chronic Medical Illness  
☐ Refused to answer depression screening questions  
☐ Patient currently followed/treated for depression

VA Clinical Practice Guideline for Major Depressive Disorder  
[http://www.oqp.med.va.gov/cpg/MDD/MDD\\_Base.htm](http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm)

related to: Service Connected Condition

\* Indicates a Required Field

# Reminder Resolution: Depr Scr Pos - Needs F/U Assessment

## ASSESSMENT OF A POSITIVE SCREEN FOR DEPRESSION

Patients with a positive depression screen should be assessed for Major Depressive Disorder based on DSM-IV criteria and should be assessed for the need for therapy, intervention and/or referral.

1. Assess if patient is at high risk (marked psychotic symptoms, suicidality, potential for violence, delirium)
2. Further questions regarding current signs & symptoms of depression
3. Obtain careful psychiatric history of past depressive episodes
4. Attention to 'red flags'.

Review history for substance abuse, other illness as a cause of depression, medication as a cause of depression and for the severity of the depression. Patients who may fit the DSM-IV criteria for Major Depressive Disorder should be considered for referral to a mental health professional for evaluation and management.

- ☐ [Click here to view the DSM-IV criteria for Major Depressive Disorder \(MDD\)](#)
- ☐ [Click here to view the PHQ-9 Assessment Tool for Depression](#)

## RECORD RESULTS OF ASSESSMENT OF POSITIVE DEPRESSION SCREEN

choose one

- ☐ MDD Assessment Negative: No depressive symptoms requiring intervention
- ☐ MDD Assessment Negative: Some depressive symptoms requiring intervention
- ☐ MDD Assessment Positive: Patient has MDD
- ☐ MDD Assessment Inconclusive
- ☐ Patient refuses further assessment of positive depression screen

- ☐ Patient currently followed/treated for depression

VA Clinical Practice Guideline for Major Depressive Disorder

[http://www.oqp.med.va.gov/cpg/MDD/MDD\\_Base.htm](http://www.oqp.med.va.gov/cpg/MDD/MDD_Base.htm)

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related to: Service Connected Condition

\* Indicates a Required Field

# Post-deployment Screen

# Post Deployment Health Reappraisal Pilot Study

Including Onsite Events and Call Center Activity (as of Jan 31, 2006)

Date	Total Number Screened	Referrals to VA (LODs)	
5,6 November	251	Medical	63
		Behavioral Health	15
		Both	43
3,4 December	460	Medical	105
		Behavioral Health	33
		Both	101
7,8 January	390	Medical	102
		Behavioral Health	20
		Both	104
Call Center Through 1/31/06	134	Medical	47
		Behavioral Health	25
		Both	20

# Surgeon General's Report

- “Primary care practitioners are a critical link in identifying and addressing mental disorders...Opportunities are missed to improve mental health and general medical outcomes when mental illness is under-recognized and under-treated in primary care settings.”

D. Satcher, 2000 and 2005

# President's New Freedom Commission Report

## **“Expand Screening and Collaborative Care in Primary Care Settings**

- ... collaborative care models should be widely implemented in primary health care settings and reimbursed by public and private insurers.
- Expanded screening and ...collaborative care models... could save lives.”

# “Collaborative” Defined

Treatment setting changes in structure and function - that establish regular communication and working relationships between mental health and primary care providers\*, promoting screening, consistent and timely treatment, effective follow-up, and allowing more patients to be treated in the primary care setting

\*Involves at least two independently licensed providers

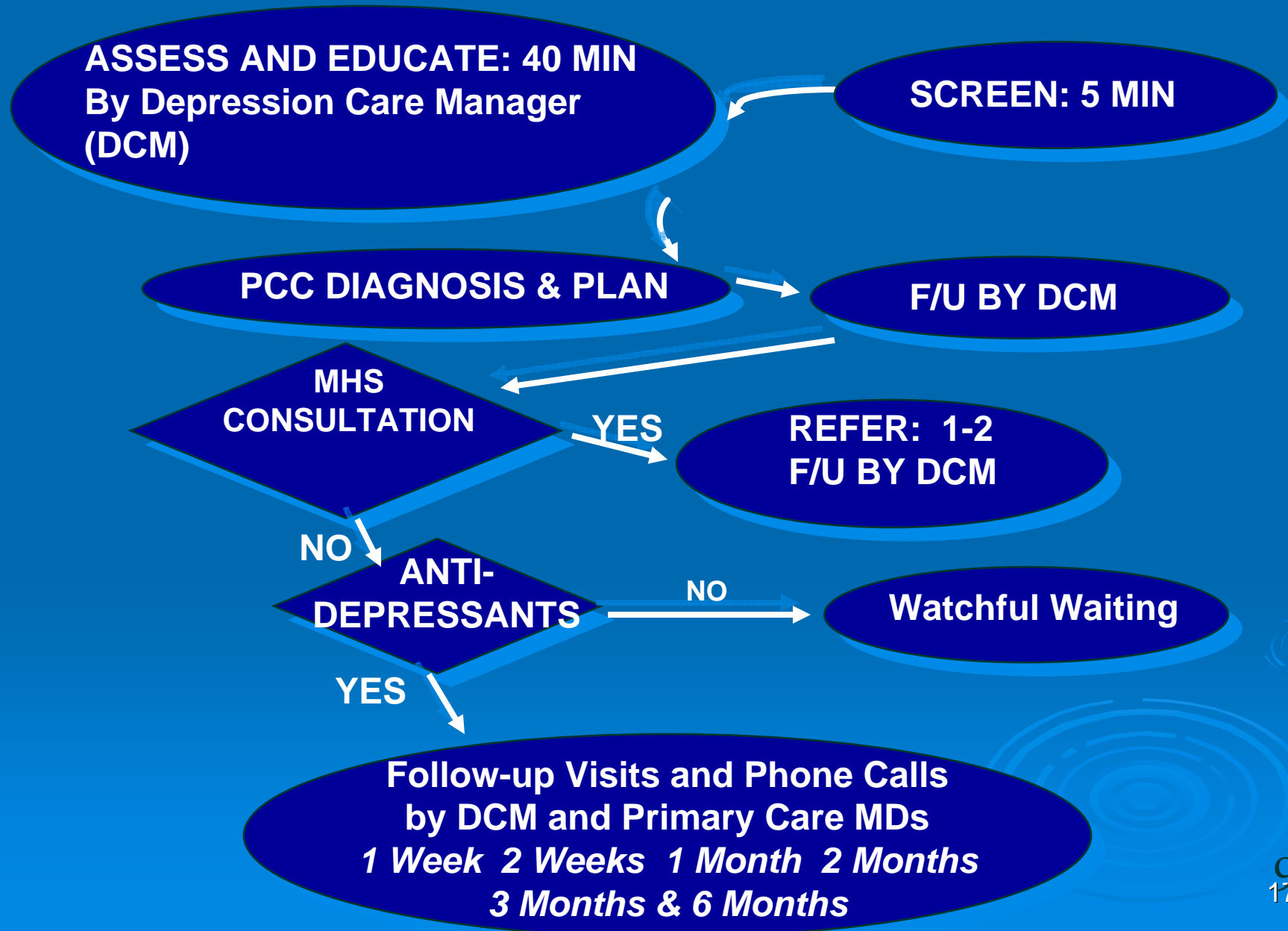
# “Integrative” Defined

Builds on collaborative arrangements to allow a single independently licensed primary care provider\*, supported by a care manager, to treat and follow selected patients without referral.

\*Involves one independently licensed provider



# *Basic Algorithm for Integrative Care*



# Frequent Questions about Collaborative / Integrative Care

## Is care manager resource-intensive?

➤ No.

- Depression care management lasts either 1-2 phone calls (patients referred to MHS) or 4-6 phone calls (patients followed in PC) after new diagnosis

## Will care manager replace MHS treatment?

➤ No.

- The DCM consult replaces referral for MHS assessment of routine patients, but not MHS treatment.

# Why Collaborative and Integrative Models are Important

- An early opportunity to detect mental health problems
- Large percent of Americans receive treatment for behavioral health conditions in primary care.
- To promote compliance
  - Avoid stigma
  - Long term follow-up
- Efficient use of professional resources
- Decreased fragmentation
- Opportunities for teaching and learning

# Spectrum of Models

## Referral to Integration

- REFERRAL
- CONSULTATION/LIAISON
- COLOCATION
- COLLABORATIVE CARE
  - White River Model
- INTEGRATED CARE
  - Tides Model
  - Respect Model

# TIDES

## Translating Initiatives in Depression into Effective Care solutions

- A Mental Health initiative
- Translating randomized trial evidence into routine VA care
  - VA-adapted collaborative care model designed by the field
    - VISNs 10, 16, 22, 23
  - Researchers experienced in collaborative care served as technical support

# TIDES

- A specific, highly evidence-based care model
  - Care manager, clinician and patient education, active MHS/PC collaboration
- Improves remission rates by a factor of 2 to 3
  - Cost-effective
  - Cost-saving after initial year (one randomized trial with a VA site)

# Primary Care MDD is Often “Easily” Treated in TIDES

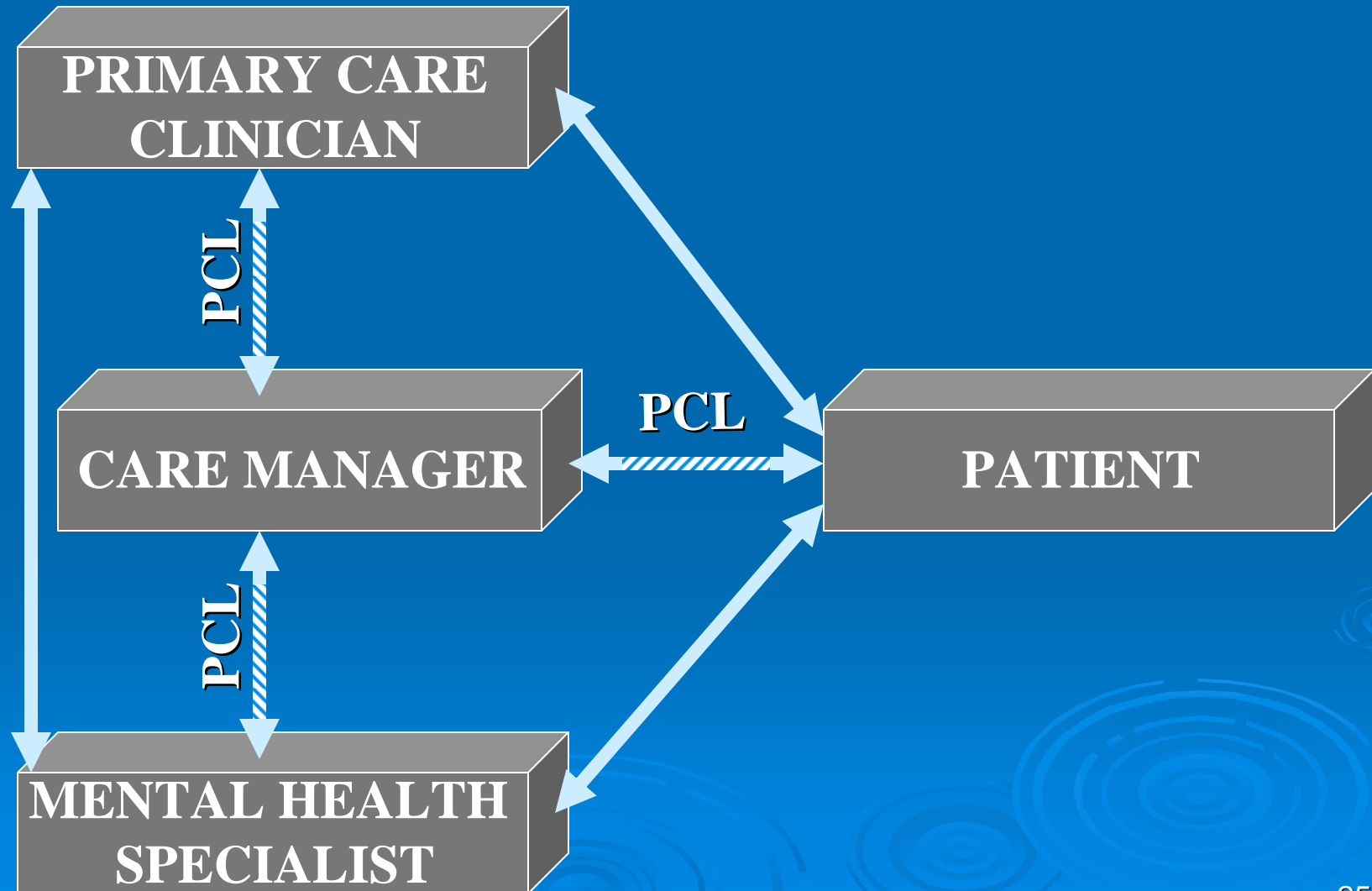
- Increased adherence to PC and MH treatment
  - 80% recovery (patients followed in PC)
  - 50% recovery (patients referred to MH)

# RESPECT-PTSD Study

- **RCT of the Three Component Model of collaborative care (3CM) for the treatment of PTSD in primary care settings**
- **Three components:**
  - a prepared practice
  - telephone care management
  - enhanced mental health support



# Three Component Model (TCM)



# Typical Frequency of Patient Contacts



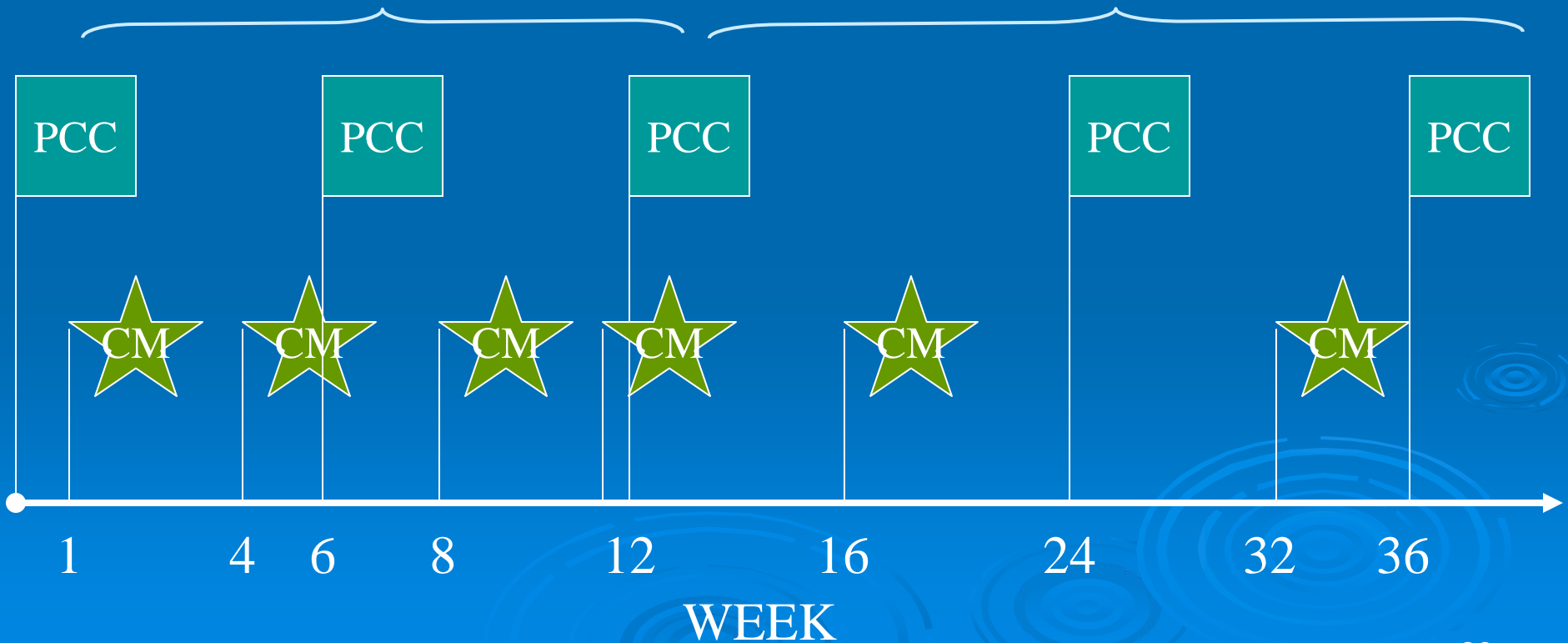
Primary Care  
Clinician Visit



Care Manager  
Phone Call

*Acute Phase*

*Continuation Phase*



# VA Mental Health Goals

- Improve the veteran's quality of life/functioning
- Achieve recovery

# Collaborative / Integrative Care Outcomes

## **More than 10 randomized controlled trials**

- Improved quality of life for up to five years
- Reduced job loss
- Improved financial status
- Higher satisfaction and participation in care
- Reduced disparities in care and outcomes
- Improved chronic disease status (Hgb A1C)
- Greater efficiency (stable MH visits, reduced PC visits)
- Effective among elderly, adolescents, minorities

# A New Initiative

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